



California State University, Sacramento
Police Department
BICYCLE REGISTRATION
(PLEASE PRINT CLEARLY)

PERSONAL INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

PHONE #: _____ ALT. PHONE #: _____

DOB: ____ / ____ / ____ DL#: _____ STATE: _____ Last 4 of SSN: _____

E-MAIL: _____

BICYCLE INFORMATION:

MAKE: _____ MODEL: _____ TYPE: _____ STYLE: _____
(ROAD, MOUNTAIN, ETC.) (MENS, WOMENS, ETC.)

SPEED: _____ WHEEL SIZE: _____ FRAME SIZE: _____

COLOR: _____ SERIAL #: _____ APPROX. VALUE: _____

OWNER APPLIED NUMBER: _____

MISC. INFO & OTHER IDENTIFIERS (STICKERS, ACCESSORIES, ETC.)

OFFICIAL USE ONLY:

LICENSE ISSUED: _____ DATE ISSUED: _____ BY: _____

I certify that the bicycle I am registering belongs to me and was obtained legally. I will provide proof if needed. I understand that registering my bicycle through the university registration program is not a guarantee that my bicycle will be protected from theft or loss, instead, the purpose for registering my bicycle is that the information I supply on the form may be used to contact me in the event the university recovers my bicycle after a theft or loss.

SIGNATURE: _____

DATE: _____